# Exhibit 731-8

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### UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

# NOTICE OF ALLOWANCE AND FEE(S) DUE

47382

7590

02/11/2009

PATTI, HEWITT & AREZINA LLC ONE NORTH LASALLE STREET 44TH FLOOR CHICAGO, IL 60602 EXAMINER

GAUTHIER, GERALD

ART UNIT PAPER NUMBER

2614 DATE MAILED: 02/11/2009

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/930.285      | 08/31/2004  | Visweswararao Durga  | LUC-504/DURGA 2-11  | 7331             |

TITLE OF INVENTION: FLEXIBLE CALLER ID AND CALLING NAME INFORMATION PRESENTATION

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1510        | \$300               | \$0                  | \$1810           | 05/11/2009 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

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Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where ar in m

| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                                                           |                                                                                                       |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                    | Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission. |                                                                            |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | or any other accompanying                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| PATTI , HEW<br>ONE NORTH L<br>44TH FLOOR                                                                                                                                                                                                                                                                                                                               |                                                                                                       | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited w States Postal Service with sufficient postage for first class mail addressed to the Mail Stop ISSUE FEE address above, or b transmitted to the USPTO (571) 273-2885, on the date indicated |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                     |                                                                            | mission<br>g deposited with the Unitect<br>st class mail in an envelope<br>above, or being facsimile<br>ate indicated below. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |
| CHICAGO, IL 6                                                                                                                                                                                                                                                                                                                                                          | 50602                                                                                                 |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Depositor's name)                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                       |                                                                                                                                                                                                                                                                                                       | _                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Signature)                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                       |                                                                                                                                                                                                                                                                                                       | L                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Date)                                                                                                                                |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                        | FILING DATE                                                                                           |                                                                                                                                                                                                                                                                                                       | FIRST NAMED INVENTO                                                                                                                                                                                                                                                                                                                                | OR                                                                                                                                                                                                                                                                                  |                                                                            | ATTO                                                                                                                         | RNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CONFIRMATION NO.                                                                                                                      |
| 10/930,285<br>TITLE OF INVENTION                                                                                                                                                                                                                                                                                                                                       | 08/31/2004<br>FEEXIBLE CALLER                                                                         | ID AND CALLING NAM                                                                                                                                                                                                                                                                                    | Visweswararao Durg:<br>ME INFORMATION PR                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                     | NTATION                                                                    | LUC-                                                                                                                         | 504/DURGA 2-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7331                                                                                                                                  |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                            | SMALL ENTITY                                                                                          | ISSUE FEE DUE                                                                                                                                                                                                                                                                                         | PUBLICATION FEE DU                                                                                                                                                                                                                                                                                                                                 | E PI                                                                                                                                                                                                                                                                                | REV. PAID ISSUE                                                            | E FEE                                                                                                                        | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE DUE                                                                                                                              |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                         | NO                                                                                                    | \$1510                                                                                                                                                                                                                                                                                                | \$300                                                                                                                                                                                                                                                                                                                                              | •                                                                                                                                                                                                                                                                                   | \$0                                                                        |                                                                                                                              | \$1810                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 05/11/2009                                                                                                                            |
| EXAM                                                                                                                                                                                                                                                                                                                                                                   | IINER                                                                                                 | ART UNIT                                                                                                                                                                                                                                                                                              | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |
| GAUTHIER                                                                                                                                                                                                                                                                                                                                                               | R, GERALD                                                                                             | 2614                                                                                                                                                                                                                                                                                                  | 379-142090                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |                                                                                                       |                                                                                                                                                                                                                                                                                                       | or agents OR, alterna<br>(2) the name of a sin<br>registered attorney of<br>2 registered patent a<br>listed, no name will                                                                                                                                                                                                                          | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                            |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |
| PLEASE NOTE: Unl<br>recordation as set fort<br>(A) NAME OF ASSIG                                                                                                                                                                                                                                                                                                       | less an assignee is ident<br>h in 37 CFR 3.11. Comp<br>GNEE                                           | oletion of this form is NO                                                                                                                                                                                                                                                                            | data will appear on the<br>T a substitute for filing a<br>(B) RESIDENCE: (CI                                                                                                                                                                                                                                                                       | pater<br>an assi<br>TY an                                                                                                                                                                                                                                                           | ent. If an assigne<br>signment.<br>nd STATE OR C                           | OUNT                                                                                                                         | TRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ocument has been filed for                                                                                                            |
| 4a. The following fee(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies                                                                                                                                                                                                                              |                                                                                                       |                                                                                                                                                                                                                                                                                                       | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). |                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                        | s SMALL ENTITY state                                                                                  | ıs. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                  | ☐ b. Applicant is no l                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |
| NOTE: The Issue Fee an interest as shown by the                                                                                                                                                                                                                                                                                                                        | d Publication Fee (if req<br>records of the United Sta                                                | uired) will not be accepte<br>ites Patent and Trademark                                                                                                                                                                                                                                               | d from anyone other that<br>COffice.                                                                                                                                                                                                                                                                                                               | n the a                                                                                                                                                                                                                                                                             | applicant; a regi                                                          | stered                                                                                                                       | attorney or agent; or th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ne assignee or other party in                                                                                                         |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                     | Date                                                                       |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                  |                                                                                                       |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                     | -                                                                          |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |
| an application. Confiden<br>submitting the completed<br>this form and/or suggesti<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 223                                                                                                                                                                                                                               | tiality is governed by 35 d application form to the ions for reducing this but irginia 22313-1450. DC | U.S.C. 122 and 37 CFR<br>USPTO. Time will vary<br>rden, should be sent to th<br>NOT SEND FEES OR                                                                                                                                                                                                      | 1.14. This collection is a depending upon the increase Chief Information Off COMPLETED FORMS                                                                                                                                                                                                                                                       | estima<br>dividu<br>icer, U<br>TO T                                                                                                                                                                                                                                                 | nated to take 12 r<br>ual case. Any co<br>U.S. Patent and<br>ITHIS ADDRESS | minutes<br>mment<br>Traden                                                                                                   | s to complete, includings on the amount of times of the commissioner of the commission of | by the USPTO to processing gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450. |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

#### Case 6:20-cv-01171-ADA Document 32-39 Filed 10/07/21 Page 4 of 9



# UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO. FILING DATE   |               | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.             | CONFIRMATION NO. |  |
|-------------------------------|---------------|----------------------|---------------------------------|------------------|--|
| 10/930,285 08/31/2004         |               | Visweswararao Durga  | LUC-504/DURGA 2-11 7331         |                  |  |
| 47382 75                      | 90 02/11/2009 |                      | EXAMINER                        |                  |  |
| PATTI , HEWITT & AREZINA LLC  |               |                      | GAUTHIER, GERALD                |                  |  |
| ONE NORTH LAS                 | SALLE STREET  |                      | ART UNIT                        | PAPER NUMBER     |  |
| 44TH FLOOR<br>CHICAGO, IL 606 | 502           |                      | 2614<br>DATE MAILED: 02/11/2009 |                  |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 960 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 960 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.

|                                                                                                                                                                                                                                                                                                                  | Application No.                                                                                               | Applicant(s)                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                  | 10/930,285                                                                                                    | DURGA ET AL.                                                         |  |
| Notice of Allowability                                                                                                                                                                                                                                                                                           | Examiner                                                                                                      | Art Unit                                                             |  |
|                                                                                                                                                                                                                                                                                                                  | Gerald Gauthier                                                                                               | 2614                                                                 |  |
| The MAILING DATE of this communication apper<br>All claims being allowable, PROSECUTION ON THE MERITS IS<br>herewith (or previously mailed), a Notice of Allowance (PTOL-85)<br>NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RI<br>of the Office or upon petition by the applicant. See 37 CFR 1.313          | (OR REMAINS) CLOSED in this app<br>or other appropriate communication<br>GHTS. This application is subject to | olication. If not included will be mailed in due course. <b>THIS</b> |  |
| 1. This communication is responsive to <u>01/22/2003 RCE</u> .                                                                                                                                                                                                                                                   |                                                                                                               |                                                                      |  |
| 2. The allowed claim(s) is/are <u>1-23</u> .                                                                                                                                                                                                                                                                     |                                                                                                               |                                                                      |  |
| <ul> <li>3. Acknowledgment is made of a claim for foreign priority until a) All b) Some* c) None of the:</li> <li>1. Certified copies of the priority documents have</li> <li>2. Certified copies of the priority documents have</li> <li>3. Copies of the certified copies of the priority documents</li> </ul> | been received. been received in Application No                                                                |                                                                      |  |
| International Bureau (PCT Rule 17.2(a)).                                                                                                                                                                                                                                                                         |                                                                                                               | 3, p                                                                 |  |
| * Certified copies not received:                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                      |  |
| Applicant has THREE MONTHS FROM THE "MAILING DATE" noted below. Failure to timely comply will result in ABANDONM THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.                                                                                                                                                      |                                                                                                               | complying with the requirements                                      |  |
| 4. A SUBSTITUTE OATH OR DECLARATION must be subminification (PTO-152) which give                                                                                                                                                                                                                                 |                                                                                                               |                                                                      |  |
| 5. CORRECTED DRAWINGS ( as "replacement sheets") mus                                                                                                                                                                                                                                                             | t be submitted.                                                                                               |                                                                      |  |
| (a) ☐ including changes required by the Notice of Draftspers                                                                                                                                                                                                                                                     |                                                                                                               | 948) attached                                                        |  |
| 1) hereto or 2) to Paper No./Mail Date                                                                                                                                                                                                                                                                           | •                                                                                                             | ,                                                                    |  |
| (b) ☐ including changes required by the attached Examiner's Paper No./Mail Date                                                                                                                                                                                                                                  | s Amendment / Comment or in the O                                                                             | ffice action of                                                      |  |
| Identifying indicia such as the application number (see 37 CFR 1. each sheet. Replacement sheet(s) should be labeled as such in the                                                                                                                                                                              |                                                                                                               |                                                                      |  |
| 6. DEPOSIT OF and/or INFORMATION about the deposit attached Examiner's comment regarding REQUIREMENT                                                                                                                                                                                                             |                                                                                                               |                                                                      |  |
|                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                      |  |
| Attachment(s) 1. ☑ Notice of References Cited (PTO-892)                                                                                                                                                                                                                                                          | 5.                                                                                                            | atant Application                                                    |  |
| 2. ☐ Notice of Draftperson's Patent Drawing Review (PTO-948)                                                                                                                                                                                                                                                     | 6. ☐ Interview Summary                                                                                        |                                                                      |  |
| 3. Information Disclosure Statements (PTO/SB/08),                                                                                                                                                                                                                                                                | Paper No./Mail Dat 7. ☐ Examiner's Amendn                                                                     | ė .                                                                  |  |
| Paper No./Mail Date  4. Examiner's Comment Regarding Requirement for Deposit                                                                                                                                                                                                                                     | 8. 🛛 Examiner's Stateme                                                                                       | nt of Reasons for Allowance                                          |  |
| of Biological Material                                                                                                                                                                                                                                                                                           | 9.                                                                                                            |                                                                      |  |
| /Gerald Gauthier/<br>Primary Examiner, Art Unit 2614                                                                                                                                                                                                                                                             |                                                                                                               |                                                                      |  |
| •                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                                                      |  |

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Application/Control Number: 10/930,285

Art Unit: 2614

## **DETAILED ACTION**

#### Continued Examination Under 37 CFR 1.114

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on January 22, 2009 has been entered.

#### Allowable Claims

- 2. Claims 1-23 are allowed.
- 3. The following is an examiner's statement of reasons for allowance:

Regarding **claims 1 and 10**, in combination with other limitations of the claims, the prior art of record fails to disclose or specifically suggested looking up, based on at least one of an hour, minute, second and day, the at least one of an alternate caller name, an alternate caller number and an alternate caller message, the at least one of an alternate caller name, an alternate caller number and an alternate caller message being changeable by at least one of the calling terminal and a network.

Regarding **claim 18**, in combination with other limitations of the claims, the prior art of record fails to disclose or specifically suggested wherein the input command is

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Application/Control Number: 10/930,285

Art Unit: 2614

entered by at least one of the calling terminal and the network, wherein, when the input command is entered to use the at least one of an alternate caller name, an alternate caller number and an alternate caller message, the network displays, at the called terminal, the at least one of an alternate caller name, an alternate caller number and an alternate caller message for the calling terminal and wherein the input command is overridden based on at least one of a time and day.

Regarding claim 22, in combination with other limitations of the claims, the prior art of record fails to disclose or specifically suggested overriding the first calling line identification with a second calling line identification that is entered by a third entity wherein the second calling line identification comprises at least one of a second alternate caller name, a second alternate caller number and a second alternate caller message and using the second calling line identification in place of the first calling line identification for display at the calling terminal.

Any comments considered necessary by applicant must be submitted no later than the payment of the issue fee and, to avoid processing delays, should preferably accompany the issue fee. Such submissions should be clearly labeled "Comments on Statement of Reasons for Allowance."

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#### Conclusion

4. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

Tannenbaum et al is cited for a caller ID substitution for selected telephone callers.

London is cited for communications privacy protection system by replacing calling party number.

Jones et al. is cited for an enhanced privacy feature for telephone systems.

5. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Gerald Gauthier whose telephone number is (571) 272-7539. The examiner can normally be reached on 8:00 AM to 4:30 PM.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Fan Tsang can be reached on (571) 272-7547. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

USPTO Customer Service Representative or access to the automated information

/Gerald Gauthier/ Primary Examiner, Art Unit 2614

GG

February 10, 2009